INDIVIDUAL PERFORMANCE RATING			INSTRUCTIONS: The immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The completed rating will be given to the Planning Section Chief before the rater leaves the incident.					
1. NAME		2. INCIDENT NAME AND NUMBER START DATE OF INCIDENT						
3. HOME UNIT ADDRESS		4. INCIDENT AGENCY AND ADDRESS						
5. POSITION HELD ON INCIDENT	6. TRAINEE POSITION YES	10	7. INCIDENT COMPLEXITY 8. DATE OF ASSIGNMENT FROM: TO:					
List the main duties from the Position Checklist, on which the position will be rated. Enter X under the appropriate column indicating the individuals le of performance for each duty listed.		evel	Did not apply on this Incident and the Incident on this Incident on the			Fully Successful	Exceeds Successful	
10. REMARKS								
11. THIS RATING HAS BEEN DISCUSSED WITH ME (Signature of i							12. DATE	
13. RATED BY (Signature)	14. HON	AE UNIT	15. PO	SITION HELD C	ON THIS INC	IDENT 16. DA		